

1. ELIGIBILITY

(Definition of Developmental Delay)

Assurances

Idaho Code, Title 16, Chapter 1 assures that there are procedures in place defining developmental delay and established conditions for children and their families eligible under this Part.

Procedures

For the purpose of implementing P.L. 102-119, Amendments to the Individuals with Disabilities Education Act (IDEA), the provisions for eligibility in Idaho includes a two tiered model: 1) child find, which includes screening, tracking, monitoring, and referral services for children who are suspected to be at risk or delayed; and 2) early intervention, which includes developmental and therapeutic services for children who are subsequently identified as developmentally delayed or have an established condition for delay.

- A. Child Find is a screening, tracking, monitoring, and referral process of identifying individual children who are thought to be at risk of manifesting developmental difficulties. No Part C funds will be used for intervention services for infants and toddlers at risk for developmental delay because of medical/biological or environmental factors.¹ Child find activities, including screening, tracking, monitoring and referral, are available to this group. Tracking is implemented within the confines of confidentiality and parental informed consent.

Child find services include the following procedures and conditions:

1. are consistent with the State's child identification, location and evaluation procedures required under Part B of the Act;
2. are coordinated with all other major child find efforts conducted by various public and private agencies throughout the State;
3. include procedures for making referrals to the central registry database and to service providers;
4. actions are delivered in reasonable time lines; and
5. include procedure for participation by and education of primary referral sources including hospitals and post natal care facilities, physicians, parents, other health care providers, public health facilities and child care programs.

¹ This does not prevent eligibility based on informed clinical opinion for those infants and toddlers having a combination of risk factors that taken together make developmental delay highly probable.

- B. Early Intervention is a comprehensive program of educational and therapeutic services for the eligible child and family which facilitates the developmental progress of children age birth to three whose developmental patterns are atypical or are at serious risk of becoming atypical through certain physical or mental conditions.

Early intervention services are developmental in nature and satisfy the following conditions:

- a. provided under public supervision;
- b. provided at no cost, except when federal and state law allow;
- c. designed to meet the developmental needs of children across the five functional areas, as needed;
- d. meets state and federal standards;
- e. include but not limited to family training and counseling, special instruction, speech-language pathology, audiology, occupational therapy, physical therapy, service coordination, medical evaluation and diagnosis, early intervention screening and assessment, health services, social work services, vision services, assistive technology services and transportation.
- f. provided by qualified personnel;
- g. to the maximum extent appropriate, are provided in natural environments, including the home, and community settings in which children without disabilities participate; and
- h. delivered in conformity with the IFSP.

Eligibility Determination

The multidisciplinary team, which considers the multidisciplinary evaluation of the child and subsequent recommendations, family information, parent recommendations, observational information and informed clinical opinion, determines if the child meets the criteria for developmental delay or established condition.²

The evaluation of the child must be based on informed clinical opinion and include:

1. a review of pertinent records related to the child's current health status and medical history;
2. an evaluation of the level of functioning, as needed, in cognitive development, physical development including vision and hearing,

²"Informed clinical opinion" makes use of qualitative and quantitative information to assist in forming a determination of eligibility regarding difficult-to-measure aspects of current developmental status and the potential need for early intervention. Appropriate training, previous experience conducting evaluation, sensitivity to cultural needs, and the ability to elicit and include family perceptions are all important elements of informed clinical opinion. In using informed clinical opinion, the individual evaluator and the multi-disciplinary team seek to answer the question "What are the child's abilities and needs within his/her natural environment?"

- communication development, social or emotional development and adaptive development;
3. an assessment of the child's unique needs in terms of developmental areas and identification of services appropriate to meet those needs; and
 4. a summary of the family's information regarding the child.

If the multidisciplinary team cannot reach consensus regarding whether the child meets eligibility criteria, evaluation data and recommendations will be forwarded to the Transagency Review Team which is established by the Regional Infant Toddler Committee to advise and assist in eligibility determinations and includes a representative of the lead agency. The Transagency Review Team will then assist the lead agency to make the final eligibility determination.

Note: All Children determined non-eligible for early intervention services should be offered enrollment in the developmental monitoring program.

Eligibility Categories

Categorical definitions (developmental delay and established condition) are included for purposes of reporting eligibility for funding and transition. Functional definitions which describe a child's developmental level are to be used for delivering intervention services.

1. Developmental Delay

a. **Definition** - These are children who by assessment measurements have fallen significantly behind developmental norms in one or more of the five functional areas.

b. **Criteria** -The degree of functional delay required for service eligibility is defined as follows:

- performs 30% below age norm or exhibits a six month delay whichever is less, adjusted for prematurity; or
- demonstrates at least two (2) standard deviations below the mean in one (1) functional area; or
- is at least one and one-half (1.5) standard deviation below the mean in two (2) or more of the following functional areas:

(1) **Cognitive development** - reasoning skills or ability to problem solve.

(2) **Physical development (including vision and hearing)** - gross motor skills used for postural control and movement and fine motor skills requiring precise coordinated use of the small muscles. Also includes sensory processing disorder (or deficits) related to tactile, vestibular, auditory, and proprioceptive input.

- (3) Communication - speech and language development – including expressive and receptive skills and non-verbal communication.
- (4) Social/Emotional development - attachment, interpersonal relationships, and interactions.
- (5) Adaptive development - daily living skills relating to feeding, dressing, hygiene, grooming.

The verification of measurable³ delay is obtained through an evaluation process which uses at least three of the following:

- 1. informed clinical opinion to include observational assessment;
- 2. standardized development test(s);
- 3. developmental inventory;
- 4. behavioral checklist;
- 5. adaptive behavior measure;
- 6. parent interview.

2. **Established Condition**

a. **Definition:** These are the children with a diagnosed physical or mental condition which has a high probability of resulting in developmental delay.

b. **Criteria:**

1) Confirmed sensory impairments

a) Deaf-blind - Concomitant hearing and visual impairment, the combination of which causes severe communication and other developmental and education problems.

b) Hearing impaired - Auditory impairments which include:

- i. Hard of hearing - those children whose hearing is not included under the definition of deaf.
- ii. Deaf - those children whose hearing impairment is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, which adversely affects communication and development.
- iii. Hearing loss in any of the degrees listed below (in one or both ears at one or more of the following frequencies--500 Hz, 1000 Hz and 4000 Hz):
Mild hearing loss -- 20-40 dB HL;

³ Measurable delay is the difference between the child's chronological age and current level of functioning. Chronological age is the birth date of children born near term or full term. For those children born less than 37 weeks gestation, a corrected age is used to consider this prematurity in evaluating developmental achievement. This corrected age is not used after chronological age of 24 months has been reached. The ideal gestational age is 40 weeks. To determine a child's corrected age, use the following steps: Subtract the actual number of weeks gestation from 40. Then subtract the difference from the child's chronological age. This calculation will provide the child's adjusted age.

- Moderate hearing loss -- 41-55 dB HL;
- Moderately severe hearing loss -- 56-70 dB HL;
- Severe hearing loss -- 71-90 dB HL;
- Profound hearing loss -- 91 or greater dB HL; or
- iv. Hearing impairment (deaf or hard of hearing) that meets legal definition of such an impairment in the State of residence; or
- v. Chronic Otitis Media, chronic allergies, and/or eardrum perforations which result in temporary or fluctuating hearing loss and may impair listening skills, language development, or articulation.

c) Visually impaired - Visual impairments which, even with correction, adversely affect a child's functioning. The term includes both partially sighted and blind. "Partially sighted" refers to the ability to use vision as one channel of learning if learning materials are adapted. "Blind" refers to the prohibition of vision as a channel of learning, regardless of adaptation of materials. Central acuity does not exceed 20/200 in the better eye with corrective lenses, or visual acuity is greater than 20/200, but is accompanied by a limitation in the field of vision.

2. Physical impairment (orthopedic)

Physical impairment means having a condition that involves muscles, bones or joints and is characterized by impaired ability to perform fine and gross motor activities or self-help skills. Diagnoses include but are not limited to:

- spina bifida - meningocele
- spinal cord injuries
- arthritis
- severe burns
- muscular dystrophy
- loss of or deformed limbs
- transient dystonia (abnormal muscle tone including hyper and hypotonia)

3. Neurological - physiological impairments (developmental disabilities)

A severe chronic disability that manifests itself at an early age, is likely to continue indefinitely, and has a high probability of resulting in a developmental delay.

- autism
- pervasive developmental disorder
- epilepsy or other seizure disorders including neonatal seizures
- mental retardation
- cerebral palsy
- Down syndrome

- other syndromes and chromosomal disorders
- intracranial hemorrhage (level 3 or 4 bleed) or infarct

4. Interactive disorders

Interactive disorders include serious communication or psycho/social impairments that interfere with the infant or toddler's daily functioning and relationships. Categories under this condition include but are not limited to:

- severe, diagnosed attention deficit disorders
- disorders of attachment and
- those categories listed in Part B of I.D.E.A. or Head Start Standards under seriously emotionally disturbed or behavior disorder that are applicable to this age group

5. Other health impairments

Health impairment is a limitation in strength, vitality, and alertness due to chronic health problem. Typically, the program does not classify a short-term medical problem as a health impairment.

Diagnoses include but are not limited to:

- hydrocephaly - microcephaly – encephaly
- endocrine and metabolic disorders (examples: hypothyroidism, cystic fibrosis, diabetes)
- cleft lip/palate
- feeding abnormalities/difficulties
- heart conditions
- syndromes related to mother's substance ingestion or abuse (examples: fetal alcohol syndrome)
- illness of a chronic nature with prolonged convalescence (examples: malignancies, severe asthma, failure to thrive, HIV positive, leukemia, lead poisoning, recurring respiratory syncytial virus-RSV).

6. Medically Fragile Infant

- gestational age \leq **32** weeks
- birth weight below 1500 grams (VLBW)
- Intrauterine growth retardation (IUGR), as diagnosed by physician, \leq 10th percentile
- small for gestational age (SGA) as diagnosed by physician, \leq 10th percentile
- Bronchial Pulmonary Displasia

- feeding abnormalities/difficulties
- central nervous system (CNS) instability as demonstrated by significant disorganized states of arousal and confirmed by a medical/therapeutic professional

7. Prematurity (≤ 36 weeks G.A.) **PLUS** Significant Environmental Risk, such as one or more of the following:

- Parent-infant attachment risk factors (e.g. decreased responsiveness or reciprocity of infant, parental depression/withdrawal, etc.) as diagnosed by medical or mental health professional or clearly documented in medical history
- Parent with significant chronic, physical, or mental health problem or with a developmental disability where supportive or therapeutic services could facilitate parenting
- Abused and/or neglected child
- Multi-problem or severely stressful life situation (e.g. parent perception of severe financial problems, drug/alcohol problems in family, incarceration, homeless, etc.)
- No prenatal care
- Maternal age 15 years and under
- Foster placement of child

Note: The above risk factors, either singly or in combination, may also be sufficient to warrant eligibility for children born full-term. See Informed Clinical Opinion footnote, page 2.